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PTO/SB/021 (08-00)

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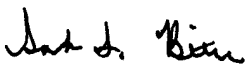
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<div style="border: 2px solid black; border-radius: 50%; width: 100px; height: 100px; margin: 0 auto; display: flex; align-items: center; justify-content: center;"><div style="writing-mode: vertical-rl; transform: rotate(180deg); font-weight: bold;">O I P E</div><div style="text-align: center;"><h1 style="margin: 0;">TRANSMITTAL</h1><h2 style="margin: 0;">FORM</h2><p style="margin: 5px 0;">JAN 23 2002</p><p style="margin: 0;">(to be used for correspondence after initial filing)</p></div><div style="writing-mode: vertical-rl; font-weight: bold;">PATENT &amp; TRADEMARK OFFICE</div></div>	Application Number	09/912,923	
	Filing Date	July 25, 2001	
	First Named Inventor	James L. Tour	
	Group Art Unit	2818	
	Examiner Name		
Total Number of Pages in This Submission	7	Attorney Docket Number	1789-05303

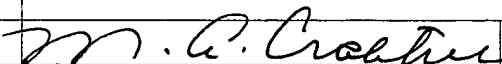
### ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <div style="margin-left: 20px;"><input type="checkbox"/> Fee Attached</div> <input type="checkbox"/> Amendment/Reply <div style="margin-left: 20px;"><input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s)</div> <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <div style="margin-left: 20px;"><input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53</div>	<input type="checkbox"/> Assignment (for an application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input checked="" type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <div style="margin-left: 20px;">Corrected Application Data Sheet</div>
<div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; padding: 5px;">Remarks</div><div style="text-align: right;"><div style="border: 1px solid black; padding: 5px; transform: rotate(-5deg);"><b>RECEIVED</b> JAN 28 2002 OFFICE OF PETITIONS</div></div></div>		

### SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Or Individual Name	SARAH S. BITTNER
Signature	
Date	December 11, 2001

### CERTIFICATE OF MAILING

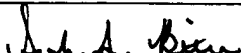
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Signature		Date	December 11, 2001

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<div style="display: flex; align-items: center; justify-content: center;"> <div style="border: 2px solid black; border-radius: 50%; padding: 10px; margin-right: 10px; text-align: center;">             OIP JAN 23 2002 PATENT &amp; TRADEMARK OFFICE           </div> <div> <h2 style="margin: 0;">FEE TRANSMITTAL</h2> <h3 style="margin: 0;">For FY 2002</h3> <p style="margin: 5px 0 0 20px;">Patent fees are subject to annual revision.</p> </div> </div>		<b>Complete if Known</b>	
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<div style="border: 1px solid black; padding: 5px; display: inline-block;"> <b>RECEIVED</b>  <b>JAN 28 2002</b> </div>			
<b>TOTAL AMOUNT OF PAYMENT</b>		\$ 1,280.00	<b>Attorney Docket No.</b> 1789-05303 <b>OFFICE OF PETITIONS</b>

METHOD OF PAYMENT	FEE CALCULATION (continued)																																																																																																																												
<p>1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any overpayment to:</p> <p>Deposit Account Number: 03-2769</p> <p>Deposit Account Name: Conley, Rose &amp; Tayon, P.C.</p> <p><input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17</p> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27</p> <p>2. <input type="checkbox"/> Payment Enclosed:</p> <p><input type="checkbox"/> Check    <input type="checkbox"/> Credit Card    <input type="checkbox"/> Money Order    <input type="checkbox"/> Other Order</p>	<h3>3. 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SUBMITTED BY		Complete (if applicable)			
Name (Print/Type)	SARAH S. BITTNER	Registration No. (Attorney/Agent)	47,426	Telephone	(713) 238-8000
Signature		Date	December 11, 2001		

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